



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF SCHOOL IMPROVEMENT – FEDERAL DISCRETIONARY GRANTS
COMPREHENSIVE SCHOOL REFORM PROJECT EVALUATION
REPORT FOR FIRST YEAR GRANT RECIPIENTS

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE	BUILDING CODE
BUILDING NAME	NAME OF REFORM MODEL	

DIRECTIONS

Each building receiving Comprehensive School Reform 1st year funding must complete this form.

Mail the completed form no later than 30 days after project ending date to: Federal Discretionary Grants, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480

Questions, contact Federal Discretionary Grants: Ph: (573) 526-3232; Fax: (573) 526-6698;
or e-mail to: webreplyimprfdg@mail.dese.state.mo.us; Visit DESE's website at: dese.mo.gov

SECTION I - PROGRAM IMPLEMENTATION

1. Describe the research-based strategies that have been implemented this year.

2. Within the past year, what changes have been made concerning school management?

3. Describe the external technical support and assistance your building has received with the implementation of this model.

4. List any professional development that was received and focused primarily on your building's reform model.

5. Due to the implementation of the reform model, how have instructional practices improved within the past year?

6. Describe how each grade level in your building has implemented the model.

7. What are the measurable goals and benchmarks that have been met due to implementation of this model?

8. List and describe the support received within the school, parents and community involving implementation of this program.

9. Describe evaluation strategies used to evaluate your program.

10. Summarize any significant problems with the implementation of this grant.

11. Briefly describe any benefits gained from the local evaluation that will be used to implement the reform model.

SIGNATURE OF THE AUTHORIZED LEA REPRESENTATIVE

DATE